

AMENDED IN SENATE AUGUST 24, 2009

AMENDED IN SENATE JULY 23, 2009

AMENDED IN SENATE JULY 2, 2009

AMENDED IN ASSEMBLY JUNE 1, 2009

CALIFORNIA LEGISLATURE—2009–10 REGULAR SESSION

## ASSEMBLY BILL

**No. 911**

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**Introduced by Assembly Member Lieu  
(Coauthors: Assembly Members Eng and Price)**

February 26, 2009

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An act to add and repeal Section 1257.10 of the Health and Safety Code, relating to health facilities.

### LEGISLATIVE COUNSEL'S DIGEST

AB 911, as amended, Lieu. Emergency room crowding.

Existing law establishes various programs for the prevention of disease and the promotion of health to be administered by the State Department of Public Health, including, but not limited to, the licensure and regulation of health facilities, *including general acute care, hospitals*. Violation of these provisions is a crime.

This bill would require every licensed general acute care hospital with an emergency department to determine the range of crowding scores, as defined, that constitute each category of the crowding scale, as provided, for its emergency department. The bill would require every licensed general acute care hospital with an emergency department to calculate and record a crowding score every 4 hours, except as specified, to assess the crowding condition of its emergency department. The bill would require, by January 1, 2011, every licensed general acute care

hospital with an emergency department to develop and implement a full-capacity protocol for each of the categories of the crowding scale.

This bill would require every licensed general acute care hospital with an emergency department to file its full-capacity protocol with the Office of Statewide Health Planning and Development, and to annually report revisions to its protocol.

The bill would repeal its provisions on January 1, 2014.

By changing the definition of an existing crime, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

Vote: majority. Appropriation: no. Fiscal committee: yes.

State-mandated local program: yes.

*The people of the State of California do enact as follows:*

- 1 SECTION 1. Section 1257.10 is added to the Health and Safety
- 2 Code, to read:
- 3 1257.10. (a) For purposes of this section, a “crowding score”
- 4 means the score calculated using the equation as follows:  $85.8$
- 5  $(\text{total number of patients within the emergency department} / \text{total}$
- 6  $\text{number of staffed beds in the emergency department, not to exceed}$
- 7  $\text{the number of licensed beds}) + 600 (\text{total number of admissions}$
- 8  $\text{waiting in the emergency department, including patients awaiting}$
- 9  $\text{transfer} / \text{total number of acute inpatient hospital beds routinely in}$
- 10  $\text{use by the hospital, excluding beds in the newborn nursery,}$
- 11  $\text{neonatal intensive care unit, and obstetrics}) + 13.4 (\text{total number}$
- 12  $\text{of patients in the emergency department admitted to the intensive}$
- 13  $\text{care unit, with a maximum of two}) + .93 (\text{the longest admit time,}$
- 14  $\text{in hours, including transfers}) + 5.64 (\text{the wait time for the last}$
- 15  $\text{patient waiting the longest in the waiting room, in hours}) - 20$ . No
- 16 crowding scores shall exceed 200 for calculation purposes.
- 17 (b) For purposes of this section the “crowding scale” means a
- 18 range of crowding scores that are divided into six categories of
- 19 which level one will be the lowest level of crowding and level six
- 20 will be the highest.

1 (c) Every licensed general acute care hospital, *as defined in*  
2 *subdivision (a) of Section 1250*, with an emergency department  
3 shall determine the range of crowding scores that constitute each  
4 category of the crowding scale for its emergency department.

5 (d) (1) Except as otherwise provided in this subdivision, every  
6 licensed general acute care hospital with an emergency department  
7 shall calculate, and record, a crowding score a minimum of every  
8 four hours to assess the crowding condition of its emergency  
9 department.

10 (2) If, after calculating and recording a crowding score, a  
11 licensed general acute care hospital does not have a crowding score  
12 in level four or higher for the previous 30 days, it may calculate  
13 and record a crowding score every eight hours rather than every  
14 four hours. If the licensed general acute care hospital calculating  
15 and recording a crowding score every eight hours records a score  
16 in level four or higher, it shall again calculate and record a  
17 crowding score every four hours.

18 (3) Any hospital that has an emergency department census of  
19 less than 12,000 visits annually shall calculate and record the  
20 crowding score daily between 4 p.m. and 8 p.m.

21 (e) Every licensed general acute care hospital with an emergency  
22 department shall, by January 1, 2011, develop and implement, in  
23 consultation with its emergency department staff, a full-capacity  
24 protocol for each of the categories of the crowding scale that  
25 addresses all of the following factors, as applicable:

26 (1) Notification of hospital administrators, nursing staff, medical  
27 staff, and ancillary services of category changes on the crowding  
28 scale.

29 (2) Hospital operations, including bed utilization, transfers,  
30 elective admissions, discharges, supplies, and additional staffing.

31 (3) Emergency department operations, including diversion,  
32 triage, and alternative care sites.

33 (4) Planned response, whether the response can be enforced by  
34 the hospital or not, of inpatient medical staff and specialty service  
35 operations for rounds, discharges, coordination with the emergency  
36 department, and emergency consults for emergency department  
37 patients.

38 (f) Every licensed general acute care hospital with an emergency  
39 department shall file its full-capacity protocol with the Office of

1 Statewide Health Planning and Development and shall annually  
2 report any revisions to its protocol.

3 (g) This section shall remain in effect only until January 1, 2014,  
4 and as of that date is repealed, unless a later enacted statute, that  
5 is enacted before January 1, 2014, deletes or extends that date.

6 SEC. 2. No reimbursement is required by this act pursuant to  
7 Section 6 of Article XIII B of the California Constitution because  
8 the only costs that may be incurred by a local agency or school  
9 district will be incurred because this act creates a new crime or  
10 infraction, eliminates a crime or infraction, or changes the penalty  
11 for a crime or infraction, within the meaning of Section 17556 of  
12 the Government Code, or changes the definition of a crime within  
13 the meaning of Section 6 of Article XIII B of the California  
14 Constitution.